

Department of Transportation — Federal Aviation Administration
Supplemental Type Certificate

Number SA1797SW

This certificate, issued to Century Flight Systems, Inc.
F.M. 1195
P. O. Box 610
Mineral Wells, TX 76067

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 23 of the Federal Aviation Regulations.

Original Product — Type Certificate Number: A17WE
Make: Aerostar
Model: Model 600, 601

Description of Type Design Change: Installation of Mitchell Automatic Flight System Model AK459 consisting of Century I Autopilot with optional Omni Tracker according to Bulletin 582 dated 11-5-73 and Master Drawing List 87A688 dated 11-5-73.

Limitations and Conditions:

FAA Approved Airplane Flight Manual Supplement dated January 30, 1974, is required.

Compatibility of this modification with other previously approved modifications must be determined by the installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: November 9, 1973

Date issued: July 16, 1984, Revision 1

Date of issuance: January 30, 1974

Date amended:



By direction of the Administrator

L. B. Anderson

Don P. Watson (Signature)
Manager, Aircraft Certification Division
Southwest Region

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

This certificate may be transferred in accordance with FAR 21.47.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to *(Name of transferee)* _____

(Address of transferee) _____
(Number and street)

(City, State, and ZIP code)

from *(Name of grantor) (Print or type)* _____

(Address of grantor) _____
(Number and street)

(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor *(In ink)*: _____